**Date :** …../……/20…

**ISTANBUL KÜLTÜR UNIVERSITY**

**TO STUDENT AFFAIRS**

I am a registered student at the Department of……………………………….…… at Faculty/Vocational School of…………………………………………. with student number ………………………………… I would like to cancel my registration at my own request..

I hereby request you to take the necessary action

 **NAME AND SURNAME**

**Address :………………………………………………………………………**

**Tel : …………………………………………………………………………**

**Not:** Your petition will be processed if you send an e-mail from your student e-mail (studentnumber@stu.iku.edu.tr) to ogrenci.isleri@iku.edu.tr and in case Student Affairs receives a confirmation message from the Accounting Department

**Attachment:** The copy of Turkish ID card (Passport and Residence Permit card copy for international Students)